



**NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION  
DISADVANTAGED BUSINESS ENTERPRISE PROGRAM**

**ANNUAL NO CHANGE AFFIDAVIT**

To be a disadvantaged minority or woman owned business eligible to participate in the DBE program, a firm must meet the following criteria:

- ✓ Must be a member of a recognized disadvantaged group or a woman.
- ✓ Must own at least 51% of the ownership in the firm.
- ✓ Must possess the day-to-day management, financial and operational control of the firm.
- ✓ Must be a substantial investor in the firm.
- ✓ Must be an on-going concern.

I hereby affirm that \_\_\_\_\_ is a disadvantaged/woman-owned business. I further affirm that no changes in ownership, control, size or disadvantaged status as required of 49 CFR part 26 have occurred since this firm's latest certification in the State of New Hampshire. If there has been a change, I further affirm that the proper documentation is on record with the certifying agent. \_\_\_\_\_ meets Small Business Administration (SBA) criteria for being a small business concern and its average annual gross receipts (as defined by SBA rules) over the firm's previous three fiscal years does not exceed the SBA size standards as defined by North American Industrial Classification System (NAICS).

The undersigned affirms that the statements are true and correct. ***Any information, which has been misrepresented, will be grounds for de-certification.***

Please return this affidavit with all information requested in the accompanying letter. ***Failure to return this form and the requested information may result in the removal of the firm's name from the Department's Disadvantaged Business Enterprise Directory.***

**Signature of Company Officer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION**  
**Office of Federal Compliance**

**CERTIFICATION OF DISADVANTAGE AND  
STATEMENT OF PERSONAL NET WORTH**

**Complete this form for: (1) Each socially and economically disadvantaged sole proprietor. (2) Each socially and economically disadvantaged limited and general partner whose combined ownership totals 51% or more, (3) Each socially and economically disadvantaged stock holder making up 51% or more of voting stock of a corporation, or (4) Each socially and economically disadvantaged owner whose combined ownership totals 51% or more of a centralized or decentralized limited liability company.**

Name:	Business Phone (    )
Residence Address:	Residence Phone (    )
City, State & Zip Code:	Fax: email: :
Business Name Of Applicant	

**DETERMINATION OF SOCIAL DISADVANTAGE.**

“In considering whether a DBE applicant has experienced social disadvantage based upon the effects of discrimination, the applicant shall take into account whether he or she claims to be member of a disadvantage group, has acted as a member of a community of disadvantaged persons and would be identified by persons in the population at large as belonging to the disadvantaged group”.

I certify that I have read and understand the above statement. I further certify that I have experienced social disadvantage based on discrimination because of my: (mark all that apply)    *( This statement is valid only when signed by the individual claiming social disadvantage )*

Race/Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Other: \_\_\_\_\_ *(Please explain on separate sheet)*

Signature: \_\_\_\_\_ Owner/Title: \_\_\_\_\_

**PERSONAL FINANCE STATEMENT**

**As of** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ASSETS	(OMIT CENTS)	LIABILITIES	(OMIT CENTS)
Cash on hand and in Banks .....	\$ _____	Account Payable.....	\$ _____
Savings Accounts .....	\$ _____	Notes Payable to Banks & Others.....	\$ _____
IRA or other Retirement Accounts .....	\$ _____	<i>(Describe in Section 1)</i>	
Accounts and notes receivable .....	\$ _____	Installment Account (Auto) .....	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Installment Account (Other) .....	\$ _____
<i>(Complete Section 7)</i>		Loan on Life Insurance .....	\$ _____
Stocks And Bonds .....	\$ _____	Mortgages on R.E.( <b>Exclude Primary Residence</b> )	\$ _____
<i>(Describe in Section 2)</i>		<i>(Describe in Section 3)</i>	
Real Estate ( <b>Exclude Primary Residence</b> )	\$ _____	Unpaid Taxes .....	\$ _____
<i>(Describe in Section 3)</i>		<i>(Describe in Section 5)</i>	
Automobile(s)- Present Value .....	\$ _____	Other liabilities .....	\$ _____
Other Personal Property .....	\$ _____	<i>(Describe in Section 6)</i>	
<i>(Describe in Section 4)</i>		Total Liabilities .....	\$ _____
Other Assets .....	\$ _____		
Total Assets .....	\$ _____	Net Worth <i>(Total assets minus total (liabilities) )</i> ....	\$ _____

**SOURCE OF INCOME**

**CONTINGENT LIABILITIES**

Salary .....	\$ _____	An Endorser or Co-Maker.....	\$ _____
Net Investment Income.....	\$ _____	Legal Claims and Judgment .....	\$ _____
Real Estate Income.....	\$ _____	Provisions for Federal Income Tax .....	\$ _____
Other Income .....	\$ _____	Other Special Debt.....	\$ _____

<b>Section 1. Notes Payable to Bank and Others</b> <i>(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)</i>					
Name and Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly etc.)	How Secured or Endorsed Type of Collateral
<b>Section: 2. Stocks and Bonds</b> <i>(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)</i>					
Number of shares	Name of securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
<b>Section: 3. Real estate owned</b> <i>(Use each parcel separately. Use attachments if necessary. Each attachment must be identified as a part this statement and signed)</i>					
<b>Exclude Primary Residence</b>	Property A		Property B		Property C
Type of property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name and Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per month/Year					
Status of Mortgage					
<b>Section: 4. Other Personal Property and Assets</b> <i>(Describe and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payments and if delinquent, describe delinquency)</i>					
<b>Section: 5. Unpaid Taxes</b> <i>(Describe in detail, as to type, to whom payable, when due, amount and what property, if any a tax lien attaches)</i>					
<b>Section: 6. Other liabilities</b> <i>(Describe in details, Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)</i>					
<b>Section: 7. Life Insurance Held</b> <i>(Give face amount and cash surrender value of policies, name of insurance company and beneficiaries)</i>					
I authorize the Office of Federal Compliance at the New Hampshire Department of Transportation to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE Program at the New Hampshire Department of Transportation. These statements are true and correct to the best of my belief.					
Signature:	Title:		SSN:	Date:	